





### **Definitions**

- Culture: set of learned and shared beliefs and values that shape interactions and interpretation of experience; each of us can belong to many different cultures.
- Ethnicity: self-defined groups, identity that is based on religion, nationality, and cultural patterns
- Race: a social and political construct having no scientific basis



### The Impact of Culture

- Health beliefs
- Life expectancy
- Disease burden
- Literacy and opportunity



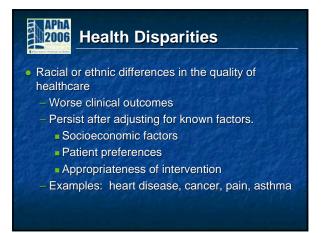
### Your own cultural background

- What is your cultural heritage?
- What is your cultural heritage?
  Where did your parents/grandparents/great grandparents come from?
  What were/are some foods, celebrations, rituals, clothing, etc that were meaningful to your family and symbolized your cultural background?
  How do you define health?
  How do you keep yourself healthy?
  How do you define illness? What causes illness?
  What would you define as a minor, or non-serious medical problem?
  How do you know when a niven health problem does not need medical.

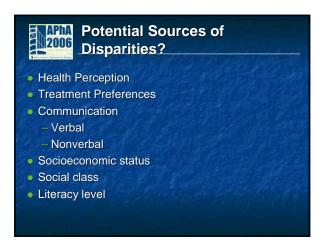
- How do you know when a given health problem does not need medical attention?
- What health problems do you self-diagnose?
  Who do you seek for help with minor health problems? Major health problems?
- Do you use over the counter medications? Which ones, and when? Who makes health care decisions in your family? What expectations are there for who is to care for an elderly relative?

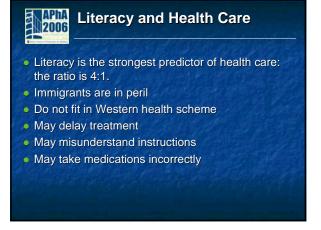
US Census Data				
People Quick Facts 2000	US%	CA%	SD%	LA%
White, not Hispanic/Latino	69.1	59.5	88.7	63.9
Black/African Americans	12.3	6.7	0.6	32.5
American Indian/Alaskan Native	0.9	1.0	8.3	0.6
Asian	3.6	10.9	0.6	1.2
Native Hawaiian/Pacific Islander	0.1	0.3		- /
 Hispanic/Latino	12.5	32.4	1.4	2.4





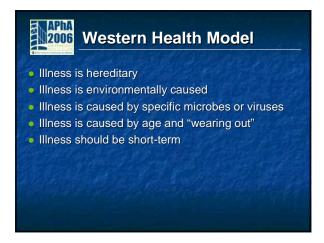
# Health Disparities Breast Cancer - Field TS, et al, J.Natl Cancer Inst Monogr. 2005; (35):88-95 - Maly RC, et al, Cancer. 2006, Jan 9 Hypertension - Hertz RP, et al, Arch Intern Med. 2005 Oct 10; 165(18):2098-104 Mental Health - Han E and Liu GG, J Ment Health Policy Econ. 2005 Sep;8(3):131-43 - Mallinger JB, et al, Psychiatr Serv. 2006 Jan;57(1):133-6



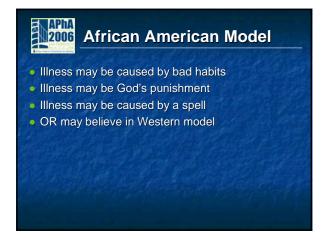


## Examples The working poor The Middle Eastern medical student The Hispanic telecommunications worker The hysterectomy Trouble with insurance Understanding the prescribed treatment 50% of medication is taken improperly

### Compare and Contrast "Explanatory" models for sickness Origin of sickness varies greatly by culture Western medical model is very different from the Eastern model Expectations for "cure" or recovery are different The expectation of the time component is very different

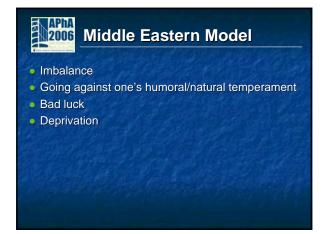


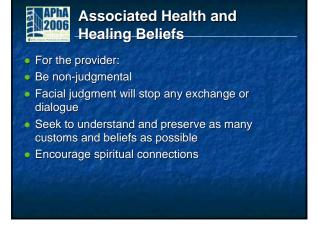
# Native American Model Illness is caused by lack of harmony with the environment and others Illness may be caused by improper behavior Illness may come on slowly



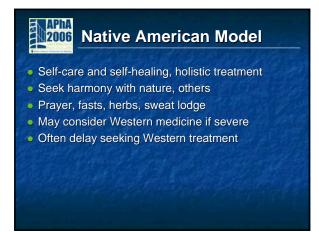


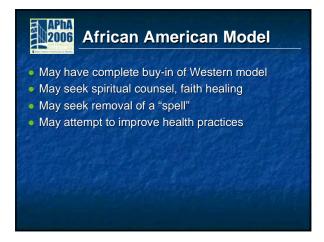
# Many variations are possible Predestination, God's will, punishment Imbalance of hot and cold (the shower) Shock, susto, mal de ojo Curse





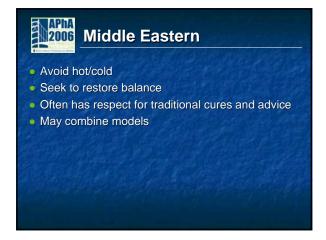
## Western (European) Model See a doctor and get a prescription Consider vitamins or self-medicate Find the right "cure" Rest, relaxation may help





## Asian Model Will seek to restore balance and increase in chi May feel/derive more comfort from herbal treatments May seek Western medicine for acute/severe illness Southeastern cultures may seek relief from "spells" and may seek traditional healers

### May use Western model May conceal use of traditional medicine or curandero/a May assume sick role; feel very stressed May seek spiritual help Example of the sore heel Often trust in close friends, godparents (comadre)





### **Communicating with Non-English Speakers**

- Using Interpreters
  - Talk directly to the patient - Keep sentences brief and clear
  - "Language Line"
- Learn a few phrases in common languages
- Written materials in native language
- Be aware of and enlist culturally-based resources.



### **Determining the** client/patient's health and healing beliefs

- Determine country of origin and language ability
- Determine length of time in U.S. and acculturation
- Determine visual ability/reading
- Availability of resources?
- Determine food preferences



### Kleinman's questions

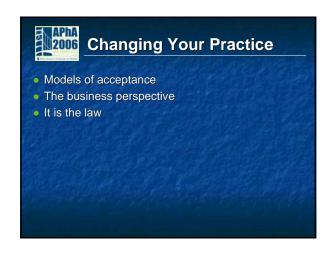
- What do you call the problem?
  What do you think has caused the problem?
- Why do you think it started when it did?
- What do you think it stated when it do?

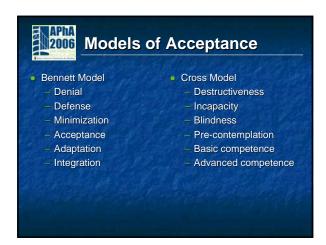
  What do you think the sickness does? How does it work?

  How severe is the sickness? Will it have a short or long course?

  What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?
- What are the chief problems the sickness has caused?
- What do you fear most about the sickness?

Kleinman, A, Eisenberg, L, Good, B, (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Ann Intern Med. 88(2), 251-8









### **CLAS Standards, continued**

- Language Access Services
  - Offer and provide language assistance services at no cost, in a timely manner
  - Verbal and written notice of right to receive language assistance services
  - Family and friends should not be used except when requested by the patient
  - Materials and signs in languages commonly encountered



### **CLAS:** Language Access Services

- Based on Title VI of the Civil Rights Act of 1964 with respect to services for limited English Proficiency (LEP) individuals
- Std 4: Offer and provide language assistance services at no cost and in a timely manner
- Std 5: Both verbal and written notice of their right to receive language assistance services



### **CLAS:** Language Access Services

- Std 6: Family and friends should not be used to provide interpretation services except when requested by the patient
- Std 7: Easily available materials and signage in languages commonly encountered or represented in the service area

